

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015246

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002

Registrar's No.

2357

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

entry

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
2 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JACKSON

c. CITY OR TOWN RAYTOWN

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8403 BOOTHReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ROY

MILTON

HARRIS

4. DATE OF DEATH

Month

Day

Year

APRIL

27

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/20/94

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
STOCKMAN10b. KIND OF BUSINESS OR INDUSTRY
UNION PACIFIC RAILROAD11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

GEBHARDT

13b. MOTHER'S MAIDEN NAME

KATHERYN

RENZENBRINK

14. NAME OF HUSBAND OR WIFE

GERTRUDE F. HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) YES WORLD WAR I

16. SOCIAL SECURITY NO.

17. INFORMANT

GERTRUDE F. HARRIS RAYTOWN, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a))

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

*penetrating falloway perforated
head of alcer. overlying
toxicity*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Sensitivity and autochthonous

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-26-62 to 4-28-62 and last saw her alive on 4-28-62
Death occurred at 2:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

APR. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

MISSOURI

24. FUNERAL DIRECTOR

1331 BRUSH CR.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

D.W. NEWCOMER'S SONS KANSAS CITY, MO. 4-30-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1
27903
3
4 0
5 1
6
7 0
8 1
9541.1
10
11
12 65-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis Zucht

Licensed Embalmer No. 4096

P. O. Address 15 C. 7th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Enoch Nelson
Embalmer